

MISCELLANY

Under this department are ordinarily grouped: News; Medical Economics; Correspondence; Twenty-five Years Ago column; Department of Public Health; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings—

American Medical Association, Milwaukee, Wisconsin, 1933, Olin West, M. D., 535 North Dearborn Street, Chicago, Secretary.

California Medical Association, Del Monte, April 24-27, 1933, Emma W. Pope, M. D., 450 Sutter Street, San Francisco, Secretary.

American Board for Ophthalmic Examinations.—

American Board of Ophthalmic Examinations will hold an examination in Montreal on Monday, September 19, 1932, at the time of the meeting of the American Academy of Ophthalmology and Otorhinolaryngology.

Necessary applications for this examination can be procured from the secretary, Dr. William H. Wilder, 122 South Michigan Avenue, and should be sent to him at least sixty days before the date of the examination.

New York Polyclinic Medical School and Hospital.

The Marine Roof atop the new wing of the New York Polyclinic Medical School and Hospital was opened on Thursday, May 26, at 3 p. m. The Honorable Grover A. Whalen, general chairman of the George Washington Bicentennial, New York City Commission, officiated. The ceremonies were attended by about three hundred persons.

The 1932 Graduate Fortnight of The New York Academy of Medicine.—Tumors, benign and malignant, will be the theme of the 1932 Graduate Fortnight of the New York Academy of Medicine. The medical profession of the country is invited to participate in the intensive two-week study of this important medical and surgical subject. The Fortnight will be held from October 17 to the 28th, inclusive. There is no charge for attendance at any of the clinics or meetings, but registration is required for participation in the hospital demonstration clinics. A complete program and registration blank for the clinics and demonstrations may be secured by addressing the New York Academy of Medicine, 2 East 103rd Street, New York City.

Hard-of-Hearing Publication.—*Los Amigos* is a publication brought out by the Los Angeles League for the Hard of Hearing, 2026 West Ninth Street. The Los Angeles and San Francisco leagues are members of the American Federation of Leagues for the Hard of Hearing. They work for a program for the prevention of deafness as well as for the promotion of interest in the study of speech reading. Memberships not restricted to the hard of hearing. Anyone interested is invited to become a member. Their slogan is "Look Up and Laugh and Lift."

Second International Congress, Otorhinolaryngology.—This congress will be held at Madrid September, 1932. Reservation and information regarding the tour and the congress can be secured direct through the office of Marcel Colin, tour director and bonded trustee, 8 Investment Building, National 9109, Washington, D. C., or at any French Line agency throughout the country.

CORRESPONDENCE

Subject of Following Letter: Misrepresentation of a Mr. "H. A. Knap," "Robert Bruce," "Parker Trowbridge."

To the Editor:—I am enclosing a letter from Dr. H. W. Fleming. This man presented somewhat the same story to me about having lost his money in Phoenix and I lent him \$25.

I have also received a letter from R. S. Peers, Jr., of Oakland saying that the man had approached him on the street and obtained \$5.

I thought you might want to put a note in the official journal of the California Medical Association covering this man's activity.

Yours respectfully,

J. M. FRAWLEY, M. D.

Dear Doctor Frawley:—I probably had the misfortune to meet Mr. H. A. Knap or Robert Bruce, who called himself Parker Trowbridge at the time of our conversation. He told me he was a McGill graduate and was building a bridge in northern California. He told me on his way down from northern California he had been robbed and he had no money to continue his trip south.

I met him as I was leaving the Children's Hospital and he began his conversation by asking if I knew you. One thing led to another and finally he inquired if I knew any members of the Psi Upsilon college fraternity. Unfortunately he named my fraternity and seemed able to give the grip. I gave him \$20 to help him on his way, which he promised to return by check in a few days.

Recently I was telling my experience to Dr. Maurice Groper at Mt. Zion Hospital, and he brought your letter to him to my attention.

I thought you might be interested in my unfortunate experience. No doubt you are aware he used your name to make his approach to doctors.

Sincerely yours,

HOWARD FLEMING, M. D.

Subject of Following Letter: Criticism of a Statement Regarding Cataracts in "Bulletin of Practical Ophthalmology."

To the Editor:—In a recent number of a "Bulletin of Practical Ophthalmology," which is circulated directly to the profession, was an article on surgery of the eye which contained a quotation from Colonel Henry Smith to the effect that no one should attempt cataract extractions unless he is averaging at least two such operations per week. Would the general man agree with the idea if "appendectomy" be substituted for "cataract extraction"?

It would seem worth while, however, that an answer be made to the quotation in a place where it will be seen by approximately the same men to whom the "Bulletin" was sent.

Also it would seem appropriate that the answer be made by one who, if the quotation be true, should not attempt the operation.

To disprove the truth of the quotation, I need only give the results of my last sixty extractions which, needless to say, covered a period many times thirty

weeks. They were all private cases, as I have no clinic connections.

The mechanical results will be given first, because an operation itself is a mechanical procedure.

There were only two operative mishaps. One was the loss of a bead of vitreous which did no harm, as the final visual result was 20/30 in the presence of a diabetic fundus. The other was an iridodialysis due to the patient jerking his head at the preliminary iridectomy. This also did no harm, because the visual result was 20/20 part.

One eye was lost from infection. The patient, a diabetic, seventy-eight years old, tore off the dressings, rubbed the eye and opened the wound, which became infected, and the eye was destroyed.

There were no immediate serious complications such as glaucoma, prolapsed iris, etc.

Out of the sixty patients, ten had marked fundus pathology such as myopic changes, macular degenerations (diabetic, nephritic, and senile), and one case of retinal detachment present before operation, which was done merely to increase a visual field.

The following table gives the visual results in the remaining fifty:

	Patients
20/16 full or in part.....	18
20/20 full or in part.....	15
20/25 full or in part.....	8
20/30 full or in part.....	4
20/40 full or in part.....	4
Eye lost	1

Several of the 20/30 and 20/40 patients had faint pupillary membranes, needling of which would have improved vision. It was not done because the patients were able to read in comfort.

These results will not suffer by comparison with those of any operator, no matter how many he might do per week. I will admit that when I was doing four operations per week in Manila, twenty-five years ago, I could make a smoother incision, but my final results could not be compared with my present work.

Very truly,

RODERIC O'CONNOR.

450 Sutter Street.

Subject of Following Letter: Editorial on Optometrists in May California and Western Medicine.

The Committee on the Costs of Medical Care

910 Seventeenth Street

Washington, D. C.

May 19, 1932.

To the Editor:—Permit me to call your attention to a number of errors in your editorial in the May 1932 issue dealing with my report, "Midwives, Chiropractors, and Optometrists," one of the publications of the Committee on the Costs of Medical Care.

On page 355, under the heading "Pathetic Example of Incapacity to Understand Standards of Scientific Medicine," you state:

"But where Louis S. Reed, Ph. D., speaking in print for the Committee on the Costs of Medical Care, shows a seeming and woeful ignorance or incapacity to understand medical practice is in those portions of his survey in which he emphasizes statements that the simpler (?) types of refractive errors do not need highly trained expert knowledge or judgment! *He seemingly forgets or does not know that broad knowledge and training are necessary as a proper foundation for accurate diagnosis; and that he who does not possess such is not in position to know when his services can or cannot be legitimately employed.* (My italics.) It is the old specious plea of the cultists, who secure their legislative recognition by asserting that they treat only a limited number of diseases and these by special methods, and therefore do not require such extensive education and high requirements. It is blissful economic arrangement for those who profit by it, but unworthy of promulgation by spokesmen of the Committee on the Costs of Medical Care."

Now it so happens that my statements in this section of the report are the exact opposite of what is indicated by your comments. Throughout the section

I stress the necessity of patients being examined by one who has a general medical training. Thus, on page 57 of the report, I say,

"It is obvious that optometrists now perform needed services. Nevertheless there are certain valid objections to the present place of these practitioners in medical care. 'The body,' as one physician has said, 'is a whole, one and indivisible, in pathology and for purposes of diagnosis. It can best be cared for by those who understand this and have been broadly trained in all that pertains to the body and its health, so that however they may specialize they have a good understanding of the limits of their specialty and can intelligently advise as to what directions relief from any particular symptom or group of symptoms should be sought.'"

On the following page, I say,

"Ideally, optometrists, because of the limitations of their present training, ought not to accept patients independently."

And a little further:

"On the one hand are optometrists not sufficiently trained to diagnose eye conditions. . . ."

It ought, then, to be sufficiently plain that the paragraph of your editorial quoted above is quite without foundation.

In the concluding paragraph of your editorial you impute to me the advice that eye physicians should undertake "the assimilative process into ophthalmology on full professional status, of all the optometrists. . . ." This is certainly your idea, not mine. In speaking of the aspiration of optometrists to become professional people, I simply indicate what their ideas are in the matter, and certainly do not undertake to sponsor those aspirations.

I do not quite see how the suggestion that ophthalmologists utilize optometrists as auxiliaries in the same way that physicians utilize other technical assistants, can be described as the assimilation of optometrists into ophthalmology.

In view of the erroneous statements in this editorial, may I request that you publish this letter in your journal.

Very truly yours,

(Signed) LOUIS S. REED.

Comment by the Editor of California and Western Medicine.—When the CALIFORNIA AND WESTERN MEDICINE comments above referred to were written, the editor was quite aware they would probably not appeal to the authors of Volume 15 of the publications of the National Committee on Costs of Medical Care. The comments dealt largely with certain excerpts printed in the May CALIFORNIA AND WESTERN MEDICINE, which should indicate whether the editor was right or wrong in his statements. A copy of the May CALIFORNIA AND WESTERN MEDICINE was promptly sent to the chairman of the committee, and was acknowledged by Doctor Wilbur.

The editor has no wish to misrepresent the information in Volume 15 on optometrists, as is evidenced by the fact that prior to the publication of the editorial he had also written to the officers of the Section on Eye, Ear, Nose, and Throat of the California Medical Association urging that action be taken by that Section to place a copy of Volume 15 in the hands of every California ophthalmologist. The editor also sent copies of the May CALIFORNIA AND WESTERN MEDICINE to the editor of the *American Journal of Ophthalmology* and to Dr. A. E. Bulson, editor of the *Journal of the Indiana State Medical Association*. Doctor Bulson has for many years been very active in the Section of Ophthalmology of the American Medical Association. The editor takes the liberty of printing the following excerpts from replies received from Doctor Post and Doctor Bulson:

AMERICAN JOURNAL OF OPHTHALMOLOGY

Saint Louis,

May 25, 1932.

"... I enjoyed your excellent editorial on the report of the Committee on Costs of Medical Care, with